

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000066445**

1. Entity Name  
**VIBROMATIC CO. OF FLORIDA, INC.**



Principal Place of Business  
**2501 W. RIO VISTA  
TAMPA, FL 33614-6117**

Mailing Address  
**2501 W. RIO VISTA  
TAMPA, FL 33614-6117**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**35-2055628**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRAHAM, BRAD A  
2501 W. RIO VISTA  
TAMPA, FL 33614-6117**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRAHAM, S. NEAL
STREET ADDRESS	12997 FAWNS RIDGE
CITY - ST - ZIP	FISHERS, IN 46038
TITLE	V
NAME	GRAHAM, BRAD A
STREET ADDRESS	2501 W. RIO VISTA
CITY - ST - ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/13/05-80006-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

813-870-8391

Daytime Phone #